

STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Employment Security
Appeals Operations
500 James Robertson Parkway, Suite 780
Nashville TN 37245-0600



Telephone: (615) 741-1857
Facsimile: (615) 741-8933

Request to Reschedule Hearing

Claimant's Social Security Number _____ Docket Number _____

Claimant's Name _____ Employer's Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Claimant's Telephone _____ Employer's Telephone _____

Please reschedule the: ☐ Appeals Tribunal ☐ Board of Review hearing currently set for

_____ on _____ with _____
(time) (date) (hearing officer)

I have a significant conflict with the date/time for the hearing. (Please describe) _____

Date _____

Signature _____

Title _____
(if employer)

Note: Absent an emergency, a party requesting a reschedule of an Appeals Tribunal hearing must make its request at least 48 hours before the date and time of the hearing.